

14280 U.S. PTO  
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PTO/SB/05 (06-03)

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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><br><small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small> | Attorney Docket No. <b>CDSI-P01-041</b>   |  |
|   | First Inventor <b>Paul ASHTON</b>   |  |
|   | Title <b>SUSTAINED RELEASE DEVICE AND METHOD<br/>FOR OCULAR DELIVERY OF ADRENERGIC<br/>AGENTS</b> |  |
|   | Express Mail Label No. <b>ER 986434709 US</b>   |  |

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| <b>APPLICATION ELEMENTS</b><br><br><small>See MPEP chapter 600 concerning utility patent application contents.</small> | <b>ADDRESS TO:</b><br>MS Patent Application<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450 |
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| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br><small>(Submit an original, and a duplicate for fee processing)</small><br>2. <input type="checkbox"/> Applicant claims small entity status.<br><small>See 37 CFR 1.27.</small><br>3. <input checked="" type="checkbox"/> Specification <span style="float: right;">[Total Pages <b>39</b>]</span><br><small>(preferred arrangement set forth below)</small><br><ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float: right;">[Total Sheets <b>5</b>]</span><br>5. Oath or Declaration <span style="float: right;">[Total Sheets <b>  </b>]</span><br>a. <input type="checkbox"/> Newly executed (original or copy)<br>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br><small>(for continuation/divisional with Box 18 completed)</small><br>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br><small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small><br>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i><br>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i><br>a. <input type="checkbox"/> Computer Readable Form (CRF)<br>b. Specification Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or   ii. <input type="checkbox"/> Paper<br>c. <input type="checkbox"/> Statements verifying identity of above copies<br><b>ACCOMPANYING APPLICATIONS PARTS</b><br>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney<br><small>(when there is an assignee)</small><br>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i><br>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations<br>13. <input type="checkbox"/> Preliminary Amendment<br>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br><small>(Should be specifically itemized)</small><br>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br><small>(if foreign priority is claimed)</small><br>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).<br><small>Applicant must attach form PTO/SB/35 or its equivalent.</small><br>17. <input type="checkbox"/> Other: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span> |
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_

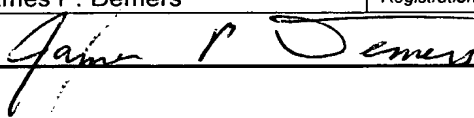
Prior application information: Examiner \_\_\_\_\_

Art Unit: \_\_\_\_\_

**For CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

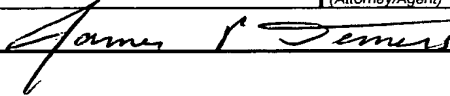
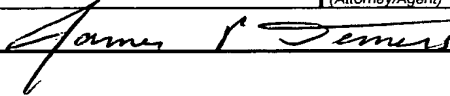
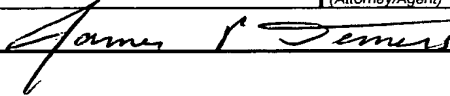
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|                   |   |                                   |                  |
|-------------------|---|-----------------------------------|------------------|
| Name (Print/Type) | James P. Demers   | Registration No. (Attorney/Agent) | 34,320           |
| Signature         |  | Date                              | January 22, 2004 |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. ER 986434709 US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

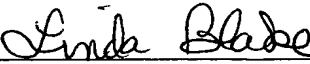
Dated: January 22, 2004

Signature: Linda Blake (Linda Blake)

| <b>FEE TRANSMITTAL<br/>for FY 2004</b>  |          |  |          | <b>Complete if Known</b>   |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
|---|----------|--|----------|--|------------------|--------------|----------|-----------------|----------|-----------------|----------|----------|----------|----------|----------|------|-----|------------------------|--------|-------------------------------------|-----|------|-----|-----------------------------------|----|--|-----|------|-----|---------------------------------------|-----|---------------------------|-----|------|-------|--|-------|--|-----|------|------|--|------|--|--|------|--------|------|--------|--|--|--------------|-----|--------------|----|--|--|----------|-----|------|---------|---|---|------|-----|----------|-----|--|--------|------|-------|------|-----|---|--|--------------------|-------|------|-------|--|--|------|----------|------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|---------------------------|--|--|--|--|--|----------------------------------|--|--|--|--------------------------------|--|----------------------------|--|--|--|--|--|---|--|--|--|--------------|--|--------------|--|-----------------|----------|----------|----------|----------|----------|------|-----|------|-----|--------------------|--------|------|-----|------|-----|-------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--------------------|--|------|-----|------|----|------------------------|--|----------------------------------|--|--|--|--|--|--|--|--------------|--|--------------|--|----------------|--|----------|--|----|---------|----|---|----|---|----------|--|---|--------|---|---|----|---|----------|--|--------------------|--|--|--|--|--|--|----------|---|--|--|--|--------------|--|--------------|--|-----------------|----------|----------|----------|----------|----------|------|----|------|---|------------------------|--|------|----|------|----|-----------------------------------|--|------|-----|------|-----|---------------------------------------|--|------|----|------|----|--|--|------|----|------|---|--|--|--------------------------------------|--|--|--|--|--|--|--|---------------------|--|--|--|---------------------------------|--|-----------------------------------|--|--|--|--------------------------|--|---|--|-----------------------|--|--|--|
| <i>Effective 10/01/2003, Patent fees are subject to annual revision.</i>  |          |  |          | Application Number   | To be determined |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |          |  |          | Filing Date  | January 22, 2004 |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$ ) 1,664.00   |          |  |          | First Named Inventor   | Paul ASHTON      |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
|   |          |  |          | Examiner Name  | Not Yet Assigned |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
|   |          |  |          | Art Unit   | N/A              |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
|   |          |  |          | Attorney Docket No.  | CDSI-P01-041     |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| <b>METHOD OF PAYMENT</b> (check all that apply)   |          |  |          | <b>FEE CALCULATION</b> (continued)   |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number: 18-1945<br>Deposit Account Name: Ropes & Gray LLP<br>The Director is authorized to: (check all that apply)<br><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.   |          |  |          | <b>3. ADDITIONAL FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,330</td><td>2501</td><td>665</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>480</td><td>2502</td><td>240</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>640</td><td>2503</td><td>320</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>1809</td><td>770</td><td>2809</td><td>385</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>770</td><td>2810</td><td>385</td><td>For each additional invention to be examined (37CFR 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>770</td><td>2801</td><td>385</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="6" style="padding: 5px;">Other fee (specify) _____</td></tr> <tr> <td colspan="4" style="padding: 5px;"><b>SUBTOTAL (1)</b> (\$ ) 770.00</td> <td colspan="2" style="padding: 5px;"><b>SUBTOTAL (3)</b> (\$ ) 0.00</td> </tr> <tr> <td colspan="4" style="padding: 5px;"><b>1. BASIC FILING FEE</b></td> <td colspan="2" style="padding: 5px;"><b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b></td> </tr> <tr> <td colspan="4" style="padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td>770.00</td></tr> <tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="6" style="padding: 5px;"><b>SUBTOTAL (1)</b> (\$ ) 770.00</td></tr> </tbody> </table> </td> <td colspan="2" style="padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Total Claims</th> <th colspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th colspan="2">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>44</td> <td>-20** =</td> <td>24</td> <td>x</td> <td>18</td> <td>=</td> <td>\$432.00</td> <td></td> </tr> <tr> <td>5</td> <td>-3** =</td> <td>2</td> <td>x</td> <td>86</td> <td>=</td> <td>\$172.00</td> <td></td> </tr> <tr> <td colspan="6" style="padding: 5px;">Multiple Dependent</td> <td></td> <td>\$290.00</td> </tr> </tbody> </table> </td> </tr> <tr> <td colspan="4" style="padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="6" style="padding: 5px;"><b>SUBTOTAL (2)</b> (\$ ) \$1,664.00</td></tr> </tbody> </table> </td> <td colspan="2" style="padding: 5px;">           **or number previously paid, if greater; For Reissues, see above         </td> </tr> <tr> <td colspan="4" style="padding: 5px;"><b>SUBMITTED BY</b></td> <td colspan="2" style="padding: 5px;"><b>(Complete if applicable)</b></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Name (Print/Type) James P. Demers</td> <td colspan="2" style="padding: 5px;">Registration No. (Attorney/Agent) 34,320</td> <td colspan="2" style="padding: 5px;">Telephone (212) 497-3631</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Signature </td> <td colspan="2" style="padding: 5px;">Date January 22, 2004</td> <td colspan="2" style="padding: 5px;"></td> </tr> </tbody> </table> |                  | Large Entity |          | Small Entity    |          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051 | 130 | 2051                   | 65     | Surcharge - late filing fee or oath |     | 1052 | 50  | 2052                              | 25 | Surcharge - late provisional filing fee or cover sheet |     | 1053 | 130 | 1053                                  | 130 | Non-English specification |     | 1812 | 2,520 | 1812   | 2,520 | For filing a request for <i>ex parte</i> reexamination |     | 1804 | 920* | 1804   | 920* | Requesting publication of SIR prior to Examiner action |  | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action  |  | 1251         | 110 | 2251         | 55 | Extension for reply within first month |  | 1252     | 420 | 2252 | 210     | Extension for reply within second month |   | 1253 | 950 | 2253     | 475 | Extension for reply within third month |        | 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month |  | 1255               | 2,010 | 2255 | 1,005 | Extension for reply within fifth month |  | 1401 | 330      | 2401 | 165 | Notice of Appeal |  | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal |  | 1403 | 290 | 2403 | 145 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional |  | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37CFR 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | <b>SUBTOTAL (1)</b> (\$ ) 770.00 |  |  |  | <b>SUBTOTAL (3)</b> (\$ ) 0.00 |  | <b>1. BASIC FILING FEE</b> |  |  |  | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b> |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td>770.00</td></tr> <tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="6" style="padding: 5px;"><b>SUBTOTAL (1)</b> (\$ ) 770.00</td></tr> </tbody> </table> |  |  |  | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1001 | 770 | 2001 | 385 | Utility filing fee | 770.00 | 1002 | 340 | 2002 | 170 | Design filing fee |  | 1003 | 530 | 2003 | 265 | Plant filing fee |  | 1004 | 770 | 2004 | 385 | Reissue filing fee |  | 1005 | 160 | 2005 | 80 | Provisional filing fee |  | <b>SUBTOTAL (1)</b> (\$ ) 770.00 |  |  |  |  |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Total Claims</th> <th colspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th colspan="2">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>44</td> <td>-20** =</td> <td>24</td> <td>x</td> <td>18</td> <td>=</td> <td>\$432.00</td> <td></td> </tr> <tr> <td>5</td> <td>-3** =</td> <td>2</td> <td>x</td> <td>86</td> <td>=</td> <td>\$172.00</td> <td></td> </tr> <tr> <td colspan="6" style="padding: 5px;">Multiple Dependent</td> <td></td> <td>\$290.00</td> </tr> </tbody> </table> |  | Total Claims |  | Extra Claims |  | Fee from below |  | Fee Paid |  | 44 | -20** = | 24 | x | 18 | = | \$432.00 |  | 5 | -3** = | 2 | x | 86 | = | \$172.00 |  | Multiple Dependent |  |  |  |  |  |  | \$290.00 | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="6" style="padding: 5px;"><b>SUBTOTAL (2)</b> (\$ ) \$1,664.00</td></tr> </tbody> </table> |  |  |  | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202 | 18 | 2202 | 9 | Claims in excess of 20 |  | 1201 | 86 | 2201 | 43 | Independent claims in excess of 3 |  | 1203 | 290 | 2203 | 145 | Multiple dependent claim, if not paid |  | 1204 | 86 | 2204 | 43 | ** Reissue independent claims over original patent |  | 1205 | 18 | 2205 | 9 | ** Reissue claims in excess of 20 and over original patent |  | <b>SUBTOTAL (2)</b> (\$ ) \$1,664.00 |  |  |  |  |  | **or number previously paid, if greater; For Reissues, see above |  | <b>SUBMITTED BY</b> |  |  |  | <b>(Complete if applicable)</b> |  | Name (Print/Type) James P. Demers |  | Registration No. (Attorney/Agent) 34,320 |  | Telephone (212) 497-3631 |  | Signature  |  | Date January 22, 2004 |  |  |  |
| Large Entity  |          | Small Entity                             |          | Fee Description  | Fee Paid         |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| Fee Code  | Fee (\$) | Fee Code                                 | Fee (\$) |  |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| 1051  | 130      | 2051                                     | 65       | Surcharge - late filing fee or oath  |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| 1052  | 50       | 2052                                     | 25       | Surcharge - late provisional filing fee or cover sheet   |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| 1053  | 130      | 1053                                     | 130      | Non-English specification  |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| 1812  | 2,520    | 1812                                     | 2,520    | For filing a request for <i>ex parte</i> reexamination   |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| 1804  | 920*     | 1804                                     | 920*     | Requesting publication of SIR prior to Examiner action   |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| 1805  | 1,840*   | 1805                                     | 1,840*   | Requesting publication of SIR after Examiner action  |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| 1251  | 110      | 2251                                     | 55       | Extension for reply within first month   |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| 1252  | 420      | 2252                                     | 210      | Extension for reply within second month  |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| 1253  | 950      | 2253                                     | 475      | Extension for reply within third month   |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| 1254  | 1,480    | 2254                                     | 740      | Extension for reply within fourth month  |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| 1255  | 2,010    | 2255                                     | 1,005    | Extension for reply within fifth month   |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| 1401  | 330      | 2401                                     | 165      | Notice of Appeal   |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| 1402  | 330      | 2402                                     | 165      | Filing a brief in support of an appeal   |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| 1403  | 290      | 2403                                     | 145      | Request for oral hearing   |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| 1451  | 1,510    | 1451                                     | 1,510    | Petition to institute a public use proceeding  |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| 1452  | 110      | 2452                                     | 55       | Petition to revive - unavoidable   |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| 1453  | 1,330    | 2453                                     | 665      | Petition to revive - unintentional   |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| 1501  | 1,330    | 2501                                     | 665      | Utility issue fee (or reissue)   |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| 1502  | 480      | 2502                                     | 240      | Design issue fee   |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| 1503  | 640      | 2503                                     | 320      | Plant issue fee  |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| 1460  | 130      | 1460                                     | 130      | Petitions to the Commissioner  |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| 1807  | 50       | 1807                                     | 50       | Processing fee under 37 CFR 1.17(q)  |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| 1806  | 180      | 1806                                     | 180      | Submission of Information Disclosure Stmt  |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| 8021  | 40       | 8021                                     | 40       | Recording each patent assignment per property (times number of properties)   |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| 1809  | 770      | 2809                                     | 385      | Filing a submission after final rejection (37 CFR 1.129(a))  |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| 1810  | 770      | 2810                                     | 385      | For each additional invention to be examined (37CFR 1.129(b))  |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| 1801  | 770      | 2801                                     | 385      | Request for Continued Examination (RCE)  |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| 1802  | 900      | 1802                                     | 900      | Request for expedited examination of a design application  |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| Other fee (specify) _____   |          |  |          |  |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| <b>SUBTOTAL (1)</b> (\$ ) 770.00  |          |  |          | <b>SUBTOTAL (3)</b> (\$ ) 0.00   |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| <b>1. BASIC FILING FEE</b>  |          |  |          | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>   |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td>770.00</td></tr> <tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="6" style="padding: 5px;"><b>SUBTOTAL (1)</b> (\$ ) 770.00</td></tr> </tbody> </table>   |          |  |          | Large Entity   |                  | Small Entity |          | Fee Description | Fee Paid | Fee Code        | Fee (\$) | Fee Code | Fee (\$) | 1001     | 770      | 2001 | 385 | Utility filing fee     | 770.00 | 1002                                | 340 | 2002 | 170 | Design filing fee                 |    | 1003   | 530 | 2003 | 265 | Plant filing fee                      |     | 1004                      | 770 | 2004 | 385   | Reissue filing fee                                 |       | 1005   | 160 | 2005 | 80   | Provisional filing fee                                     |      | <b>SUBTOTAL (1)</b> (\$ ) 770.00                       |  |      |        |      |        | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Total Claims</th> <th colspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th colspan="2">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>44</td> <td>-20** =</td> <td>24</td> <td>x</td> <td>18</td> <td>=</td> <td>\$432.00</td> <td></td> </tr> <tr> <td>5</td> <td>-3** =</td> <td>2</td> <td>x</td> <td>86</td> <td>=</td> <td>\$172.00</td> <td></td> </tr> <tr> <td colspan="6" style="padding: 5px;">Multiple Dependent</td> <td></td> <td>\$290.00</td> </tr> </tbody> </table> |  | Total Claims |     | Extra Claims |    | Fee from below                         |  | Fee Paid |     | 44   | -20** = | 24                                      | x | 18   | =   | \$432.00 |     | 5                                      | -3** = | 2    | x     | 86   | =   | \$172.00                                |  | Multiple Dependent |       |      |       |  |  |      | \$290.00 |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| Large Entity  |          | Small Entity                             |          | Fee Description  | Fee Paid         |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| Fee Code  | Fee (\$) | Fee Code                                 | Fee (\$) |  |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| 1001  | 770      | 2001                                     | 385      | Utility filing fee   | 770.00           |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| 1002  | 340      | 2002                                     | 170      | Design filing fee  |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| 1003  | 530      | 2003                                     | 265      | Plant filing fee   |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| 1004  | 770      | 2004                                     | 385      | Reissue filing fee   |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| 1005  | 160      | 2005                                     | 80       | Provisional filing fee   |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| <b>SUBTOTAL (1)</b> (\$ ) 770.00  |          |  |          |  |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| Total Claims  |          | Extra Claims                             |          | Fee from below   |                  | Fee Paid     |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| 44  | -20** =  | 24                                       | x        | 18   | =                | \$432.00     |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| 5   | -3** =   | 2  | x        | 86   | =                | \$172.00     |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| Multiple Dependent  |          |  |          |  |                  |              | \$290.00 |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="6" style="padding: 5px;"><b>SUBTOTAL (2)</b> (\$ ) \$1,664.00</td></tr> </tbody> </table> |          |  |          | Large Entity   |                  | Small Entity |          | Fee Description | Fee Paid | Fee Code        | Fee (\$) | Fee Code | Fee (\$) | 1202     | 18       | 2202 | 9   | Claims in excess of 20 |        | 1201                                | 86  | 2201 | 43  | Independent claims in excess of 3 |    | 1203   | 290 | 2203 | 145 | Multiple dependent claim, if not paid |     | 1204                      | 86  | 2204 | 43    | ** Reissue independent claims over original patent |       | 1205   | 18  | 2205 | 9    | ** Reissue claims in excess of 20 and over original patent |      | <b>SUBTOTAL (2)</b> (\$ ) \$1,664.00                   |  |      |        |      |        | **or number previously paid, if greater; For Reissues, see above   |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| Large Entity  |          | Small Entity                             |          | Fee Description  | Fee Paid         |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| Fee Code  | Fee (\$) | Fee Code                                 | Fee (\$) |  |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| 1202  | 18       | 2202                                     | 9        | Claims in excess of 20   |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| 1201  | 86       | 2201                                     | 43       | Independent claims in excess of 3  |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| 1203  | 290      | 2203                                     | 145      | Multiple dependent claim, if not paid  |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| 1204  | 86       | 2204                                     | 43       | ** Reissue independent claims over original patent   |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| 1205  | 18       | 2205                                     | 9        | ** Reissue claims in excess of 20 and over original patent   |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| <b>SUBTOTAL (2)</b> (\$ ) \$1,664.00  |          |  |          |  |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| <b>SUBMITTED BY</b>   |          |  |          | <b>(Complete if applicable)</b>  |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| Name (Print/Type) James P. Demers   |          | Registration No. (Attorney/Agent) 34,320 |          | Telephone (212) 497-3631   |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |
| Signature    |          | Date January 22, 2004                    |          |  |                  |              |          |                 |          |                 |          |          |          |          |          |      |     |                        |        |                                     |     |      |     |                                   |    |  |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |  |  |              |     |              |    |  |  |          |     |      |         |   |   |      |     |          |     |  |        |      |       |      |     |   |  |                    |       |      |       |  |  |      |          |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                  |  |  |  |                                |  |                            |  |  |  |  |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                  |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |    |         |    |   |    |   |          |  |   |        |   |   |    |   |          |  |                    |  |  |  |  |  |  |          |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |                     |  |  |  |                                 |  |                                   |  |  |  |                          |  |   |  |                       |  |  |  |

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